



Contact Verification and Receipt of SOP Documents

I, _____, certify that I have received the Standard Operating Procedures (SOPs) for Permanent Stormwater Quality Control Measure Documents.

The following is my contact information that the City of Loveland shall use to contact me regarding inspection and maintenance requirements on the Permanent Stormwater Quality Control Measures on my site.

Name (Please print): _____

Company (Please print): _____

Address: _____

Phone Number: _____

E-mail: _____

Location of Stormwater Facility: _____

Are there any other personnel who should be notified of changes to the above noted document? Yes No

If you answered yes above, please provide us with their contact information below:

Name			
Address			
Phone			
E-mail			
Company			

I understand and agree to comply with City of Loveland requirements pertaining to the Permanent Stormwater Quality Control Measures on my site. I understand that I will be responsible for inspection and maintenance of said structures as is outlined in the SOPs (Standard Operating Procedures) provided for this site.

Signature: _____ Date: _____

Revised: February 18, 2020